## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB: 07/10/05 Ren: 07/10/05

	(1) <u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)"
1	Automobile Liability		ū
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
2	Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
	Glass		
	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		····
	Extended Coverage		
	Inland Marine Homeowners		
	Commercial Multi-Peril		
	Crop Hail	****	
	Other Workers Compensation. Line of Insurance	\$10,652,147	-0.4%
spe	ef description of filing. (If cify organization): Rate revision	filing following rates on deviating from the Nat	of an advisory organization, tional Council on Compensation
Ins	urance.		
* Ad	ljusted to reflect all prior rate hange in Company's premium level	which will result from a	application of new rates.  -Owners Insurance Company Name of Company
300	04 (6-77)	<u>P</u>	Orandi Holly, Manager Official - Title
	, -		DIVISION OF INSURANCE

FILED JUL 10 2005

SPRINGFIELD, ILLINOIS

# (RF-3)

## SUMMARY SHEET

	revision effective	level produced by rate October 15, 2005	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -) **
l.	Automobile Liability		<del></del>
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
2	Liability other than Auto		
4. 5.			
	Fidelity		<del></del>
7.			
8.			——————————————————————————————————————
	Fire & Allied Lines		<del></del>
10.			
11.	Inland Marine		<del> </del>
12.	Homeowners		
13.	Commercial Multi-Peril*		
14.	Crop Hall		
15.	Workers Compensation	4,163,744	2.4%
16.	Other		
	Does filing only apply to certain territo	ry (territories) or certain	
	Does filing only apply to certain territo classes? If so, specify:  N  Brief description of filing. (If filing fo organization, specify organization):	0.	circular IL-2004-02, approved
	Brief description of filing. (If filing fo organization, specify organization):	o.  llows rates of an advisory	

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB: 07/10/05 Ren: 07/10/05

1.	<u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)"
	Automobile Liability	, , , , , , , , , , , , , , , , , , , ,	
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger		
3.	Commercial Liability Other Than Auto		
5.			
	Fidelity Surety		
	Boiler and Machinery Fire		
10.	Extended Coverage		
	Inland Marine Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail Other Workers Compensation. Line of Insurance	\$13,417,708	+0.1%
spe	ef description of filing. (If cify organization): <u>Rate revisi</u> urance.	filing following rates on deviating from the Nat	of an advisory organization, ional Council on Compensation
· Ad	gjusted to reflect all prior rat hange in Company's premium level	e changes. I which will result from ap	oplication of new rates.
		Owi	ers Insurance Company
		Own	ners Insurance Company Name of Company
			Name of Company
			ners Insurance Company Name of Company randi Holly, Manager Official - Title

epringfield, illinois

SPRINGFIELD, ILLINOIS

#### (RF-3)

#### **SUMMARY SHEET**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -) **
Automobile Liability		
Private Passenger		
Commercial	,	
Automobile Physical Da	age	
Private Passenger		
Commercial		
Liability other than Auto		
Burglary and Theft		
Glass	<u> </u>	
Fidelity		
Surety		<u> </u>
Boiler and Machinery		<u> </u>
Fire & Allied Lines	<del></del>	<del></del>
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hall		
Workers Compensation	20,182	5.4%
Other		_
Does filing only apply to classes? If so, specify:	ertain territory (territories) or certain No.	
Brief description of filin organization, specify org	(If filing follows rates of an advisory mization): We are adopting NCCI Loss Costs	from circular IL-2004-02, approved

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Trustgard Insurance Company

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

OCT 15 2005

SPRINGFIELD, ILLINOIS

Official - Title

Zach Drennen

Commercial Pricing Analyst